



SPECIAL EVENT SERVICE REQUEST FORM

Effective 07/01/2018 - 06/30/2019

RECEIVED ON: _____

APPROVED BY: _____

REQUESTOR INFORMATION

Organization Name:	Council District 6	Council District #:	6
Requestor Name:	Marcos Sanchez	Telephone Number:	(818) 778-4999
Request Date:	03/12/20	Cell Phone Number:	
E-Mail Address:	marcos.sanchez@lacity.org	Fax Number:	(818) 778-4998

EVENT INFORMATION

Event Name:	Clean Sweep Team		
Event Date(s)/Time:	Event Start Date: <small>(30 days advance notice required for guaranteed service)</small>	Event End Date:	Event Start Time:
	03/14/20	03/14/19	8:30 AM
			12:00PM
Requested Package: <small>(Select Only One)</small>	<input type="checkbox"/> A - Blue Bin Only (\$97.20/event) <input type="checkbox"/> A - Optional Staffing(\$574.94/day) <input type="checkbox"/> E - Non-Food (\$128.85/event) <input type="checkbox"/> E - Optional Staffing(\$574.94/day) <input type="checkbox"/> I - Food Event (\$160.38/event) <input type="checkbox"/> I - Optional Staffing(\$574.94/day) <input type="checkbox"/> Custom Quote		
Optional Roll-Off Service:	<input checked="" type="checkbox"/> 40-Cubic Yard Bin (\$309.86 plus tip fees of \$60.00 per ton) <input type="checkbox"/> 30-Cubic Yard Bin (\$309.86 plus tip fees of \$60.00 per ton)		
Cardboard Boxes:	<input type="checkbox"/> Refuse	Quantity	<input type="checkbox"/> Recycle
Additional Liners (\$0.39 ea.):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Quantity of Additional Liners:
Comments:			

BILLING INFORMATION

Bill to:	<input type="checkbox"/> Requesting Person/Organization/Sponsor/Vendor	<input type="checkbox"/> General City Purpose Fund (Auth. by: _____)	
	<input checked="" type="checkbox"/> Council Office (Authorized by: Marcos Sanchez)		
Bureau of Street Services (BSS) Special Events Reference Number (if applicable):			
Subsidy Eligibility:	<input type="checkbox"/> Does not Apply	<input type="checkbox"/> 50% Special Events Subsidy	<input type="checkbox"/> Community Clean-Up (Restrictions Apply)
Name:	Council District 6		Telephone Number: (818) 778-4999
Billing Address:	Street Address 14410 Sylvan ST. #215	City Van Nuys	Zip 91401
Authorized Signature:	<i>Marcos Sanchez</i>		Print Name
<small>I request the above collection services from the Bureau of Sanitation and agree to pay for services as listed on the Special Events Package List.</small>			

DELIVERY AND PICK-UP INFORMATION

Containers Drop Off Site:	Street Address	City	Zip
Roll-Off Bins Drop Off Site:	Street Address 14740 Blythe St	City Panorama City	Zip 91402
Site Contact Person(s):	Marcos Sanchez		
Drop Off/Pick Up Date/Time:	Drop Off Date	Pick Up Date	Drop Off Time
Comments:			
Signature upon Delivery:	<small>I have received the containers and services as indicated above and agree to the conditions listed below.</small>		
	<small>Print Name</small>		

* Daytime Delivery/Pickup's will be scheduled between 7:00 a.m. and 12:30 p.m. (Mon-Fri). Containers delivered during daytime hours need to be stored in a secure location.
 * Tip Fees for Roll-Off Services will be determined once event has concluded.
 * Fee will be assessed for any lost or damaged containers.

SANITATION USE ONLY

No. of Blue Containers:	No. of Roll Off Bins:		
30 Gallon	30 Yard	40 Yard	Other
	Quote for Roll Off Bins does not include tip fees which will be assessed at the conclusion of the event		
No. of Black Containers:	Weight Slip Date	Truck Number or Roll-Off	Tons Dumped
60 Gallon			
Date Sent	Confirmation	Confirmation to Organizers	Confirmation to Council
Request Sent to Yard:			
Req. Sent to Special Events:			
Comments:			